



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES**

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Governor

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**Janie Miller**  
Secretary

**Elizabeth A. Johnson**  
Commissioner

August 20, 2008

To: Psychologist Xover (89) Provider Letter A-6

**Re: CMS 1500 claim forms no longer require the Medicare EOMB attachment**

Dear Kentucky Medicaid Provider:

The Department for Medicaid Services will soon permit providers to submit claims secondary to Medicare, either electronically or on paper without attaching an EOMB.

Providers will be permitted to submit Medicare-primary claims via 837 transactions, through KyHealth Net or on paper. Providers submitting paper CMS 1500 forms will no longer be required to attach the Medicare EOMB.

Attached is the CMS-1500 Medicare Coding Sheet. This coding sheet will take place of the Medicare EOMB. Complete the coding sheet as follows:

1. Enter Kentucky Medicaid member's name and identification number and the Medicare EOMB date at the top of the coding sheet.
2. For each claim detail line, enter the detail line number from the claim, the Medicare allowed amount, deductible, co-insurance and Medicare payment.

You may access a copy of the coding sheet at [www.kymmis.com](http://www.kymmis.com) or by contacting provider inquiry at 1-800-807-1232.

EDS, fiscal agent for the Department for Medicaid Services, is conducting provider workshops on the new billing procedures. If you are unable to attend, you may obtain a copy of the presentation at [www.kymmis.com](http://www.kymmis.com) or by contacting provider inquiry at 1-800-807-1232. Copies will not be available until after the series of workshops is complete.

You may contact the EDI help desk with questions regarding 837 claim submission or KyHealth Net at 1-800-205-4696. The 837 Companion guides and the KyHealth Net guides (DDE Companion Guides) are also accessible at [www.kymmis.com](http://www.kymmis.com).

Claims received on or after September 29, 2008 must follow the new procedures. Claims received without the proper information (per the new procedures) may result in a denial or inappropriate reimbursement.

Thank you for choosing to be a Kentucky Medicaid provider.

Sincerely,

Elizabeth A. Johnson  
Commissioner

